University of Massachusetts Medical School

UMASS.

INSTRUCTION GUIDE

FOR MANAGING RMTS PARTICIPANTS

In the

Commonwealth of Virginia

for Medicaid and Schools

participating School Divisions

Effective August, 2017

Participant Management for RMTS

Contents

A. Participant Management: Overview and Purpose

On a quarterly basis, prior to the start of the Random Moment Time Study (RMTS), each school division must update information in the RMTS system that will identify individuals who will be participating in the RMTS in the upcoming quarter.

Part of this process is to identify a Work Schedule for each RMTS participant. Please see the RMTS Work Schedule Calendar Instruction Guide for the details of that process. Information for all RMTS participants must be completed in the RMTS system no later than the first Friday of the month preceding the start of each quarter.

Time Study Quarter:	Calendar Entry/Edit Deadline:
October 1 – December 31	First Friday of September
January 1 – March 31	First Friday of December
April 1 – June 30	First Friday of March

B. Logging on to the system

1. Participant Management information is entered into the RMTS section of the system.

   https://cbe.chcf-umms.org/RMTSAdmin

   Login with your User ID and password

   If you are logged into the School Based Claiming system, select '***RMTS Admin'*** from the left-hand navigation menu to transfer to Participant Management.
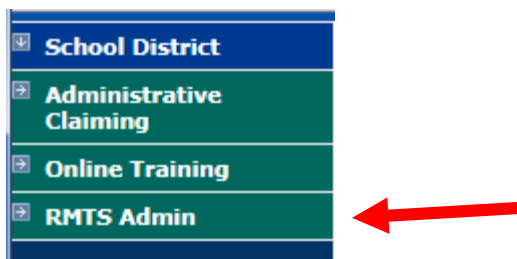
C. Who Should Participate in the RMTS?

Your school division's RMTS participants will be included in one of three job pools for the purpose of the time study. When adding a staff member to the RMTS, you will need to assign them to the correct pool, based on the duties and functions that they perform, their licensure status (if they are a health care provider), and whether or not your school division is participating in the Direct Medical Services portion of the reimbursement program for the type of service the staff member provides.

The three Job Pools for the RMTS are:

> Pool 1: Administrative Services Only
>
> Pool 2: Nursing, Psychological & Medical Services
>
> Pool 3: Therapy Services

There are a few things to think about to determine who should be included in the RMTS Participant list:

1. What services does my organization claim for in the Direct Services portion of the program?
   a. Identify the staff who deliver those IEP-prescribed direct medical services to students.
   b. Identify staff who meet the Medicaid qualifications for their service type.
   c. They do not need to have any Medicaid students on their caseload.
2. Who does Medicaid Billing?
   a. If Medicaid billing is done by the Medicaid Coordinator, then that person would be included on the RMTS participant list as a 'Billing Personnel.'
3. Who is 'reasonably expected' to perform Medicaid reimbursable Administrative activities?

What are Reimbursable Administrative Activities?

The Administrative activities that are reimbursable under the Medicaid and Schools program fall into a few different categories: Medicaid outreach, Medicaid application assistance, specialized transportation scheduling/arranging, translation services related to health care, program planning and policy development related to the delivery of health services, and referral, coordination and monitoring of health services. Some additional description and examples of each are provided below.

Medicaid Outreach

If staff do things that are intended to inform eligible or potentially eligible students/families about Medicaid and how to access it, they are doing Medicaid Outreach. Some examples would be:

- Developing a process to enable school staff to help identify students who might be in need of health resources or Medicaid assistance.
- Gathering data/developing action plan to outreach to families based on insurance status questions from school registration or emergency contact forms
- Preparing handouts/literature or information to be distributed at special school events as a platform to reach families, such as school health fairs, PTA meetings, Back-to-School Night, school performances
- Writing a social media campaign on health resources as a way to reach teens

Facilitating Medicaid Applications

Staff who help students/families navigate and understand the Medicaid application process. Some examples would be:

- Assisting students or families with the Medicaid application process

- Assisting students or families with gathering necessary information needed to apply for Medicaid

- Providing forms and materials to assist in the application process

Arranging for Medicaid-Covered Transportation

Staff who schedule specially adapted or equipped transportation services to meet the medical needs of students. Staff who actually provide transportation should not be included. Some examples would be:

- Scheduling or arranging for transportation to a Medicaid covered service

- Scheduling or arranging Specialized (specially equipped or adapted) Transportation busses

- Clerical/paperwork activities required in scheduling specialized transportation

Translation Related to Medicaid Covered Services

Both staff who schedule or coordinate translation services as well as those who provide translation services to students so that the student can understand their care and treatment should be included. Some examples:

- Scheduling or arranging for a translator or sign-language interpreter to assist a student or family member access to or understand health-related care or treatment outside of an IEP meeting

- Providing translation services to assist a student or family member access to or understand health-related care or treatment, outside of an IEP meeting

Program Planning, Policy Development or Interagency Coordination related to Health Services

Staff involved in "big picture" planning and development of health care delivery resources for all students. Some examples would be:

- Developing referral relationships and resources among groups of health professionals within, or external to, the school division

- Identifying gaps or duplication of medical/mental health services to school age children and developing strategies to improve the delivery and coordination of these services

Referral, Coordination and Monitoring of Health Services

Staff involved with this activity would be focused on monitoring and coordinating health-related care for specific student(s). Some examples would be:

- Making referrals for and/or coordinating health services

- Arranging for/scheduling health related services

- Monitoring and evaluating the Medicaid service component of the IEP as appropriate

- This does not include any referrals or scheduling related to state-mandated health services or screenings

D. What Information is Needed about Each Participant?

After identifying your staff who should participant in RMTS in section C above, you will need to gather the following information about each staff member.

- **Employee ID:** The employee ID should uniquely identify each staff member. It can be a real employee ID from your school division payroll/human resources information system, or you can choose to leave it blank and the RMTS system will randomly assign a unique ID number to each person.
- **Last Name:** The last name of the staff member
- **First Name:** The first name of the staff member
- **Email Address:** The email address of the participant. This field is very important because all communication with the participants when they are randomly selected to respond to a moment are sent by email.
- **Job Pool:** Identify the job pool that the participant will be part of. See Section C for additional details on job pools and their purpose.
- **Job Description:** Each participant's RMTS job description must be selected from the drop-down list provided. This may or may not exactly match their job title by which you refer to them at your school division. You will provide your school division's job title for each participant in the field called 'Actual Job Title.'
- **Job Type E or C:** The designation E or C stands for Employee or Contractor. Contracted staff may only be included in the RMTS in the Administrative Only pool. If you have contracted staff who provide direct medical services to students, and who meet the Medicaid provider license qualifications for a service type for which your school division is filing claims in the Direct Service portion of the program, you will *not* include them in the RMTS.
- **Active Yes or No:** This indicates whether the participant will be participating in the RMTS for the quarter. Participants who will not be participating should be marked as 'No.' If any inactive participant returns to work or otherwise needs to begin to participate in RMTS at a later time, they can be re-activated.
- **Fed Fund %:** Enter the percentage of the staff member's salary that is funded by Federal Grants, other than an IDEA grant (IDEA funding is identified separately)
- **State/Local %:** Enter the percentage of the staff member's salary that is funded by State/Local revenue.
- **IDEA %:** Enter the percentage of the staff member's salary that is funded by Federal IDEA Grants
- **Other Funding %:** Enter the percentage of the staff member's salary that is funded by any other funding source not already listed.

  Note: the sum of the 4 funding percentages should equal 100%

- **Other Funding (Specify):** Enter a brief description of the funding source indicated in the Other Funding % column if applicable.
- **FTE:** Full Time Equivalency. Most full-time staff are an FTE = 1. Part-time staff would have an FTE between 0 and 1 based on the number of hours that they work.
- **Work Schedule:** Enter the name of the Work Schedule chosen for each participant. For more information about work schedules, see the instruction guide for RMTS work schedule calendars.

- **Supervisor Email #1 - #3:** Add up to 3 email addresses of 'supervisors' or individuals who will be responsible for following up with each participant to make sure all moments are completed. Any email addresses provided here will be cc'd on 'late' reminder notifications if the participant fails to respond to any assigned moments.
- **Actual Job Title:** This is the job title used within your school division to refer to the position that each participant holds.
- **License Number:** For any participants in either of the direct service pools where an active clinical license is required for the type of service that the participant provides, enter their license number in this field. More details can be found in Appendix A of this guide.
- **License Type:** Enter the type of clinical license held by the participant. More details can be found in Appendix A of this guide.
- **License Expiration Date:** If you know the expiration date of the license of the participant, please provide it. Otherwise, UMMS will add this information when the participant's license status is verified.
- **UMMS Comment:** No Entry Required. This is a comment field that will be used by UMMS if any unusual licensing circumstances need to be noted.
- **SD Comment:** This is a comment field for the School Division to enter any information needed about unusual licensing circumstances.
- **New Hire Date:** Any time a new staff member is added to the RMTS, please provide their hire date in this field. For staff members who have been existing employees, but are just joining the RMTS now due to a change of job position, enter the effective date that the participant became eligible to be included.

E. Participant Management

The **My Participants** grid for the Random Moment Time Study (RMTS) identifies individuals from your School Division that you have named to participate in the RMTS.

From this screen, you will be able to:

- Add new participants
- Update information about current participants who will be continuing to participate
- De-activate staff members who will no longer be participating
- Re-activate staff who participated in the past, but did not participate in the most recent RMTS quarter

The system allows more than one way to complete most functions, including clicking on an action icon in the left hand column of the participant grid, opening a form by clicking on the Employee ID, making changes directly in the participant grid, or importing and exporting files.

Confirm that you are Working in the Correct Quarter

The RMTS System will default to displaying participant information related to the Next Quarter. But it's always a good practice to double check that the Next Quarter is displayed in the '**Quarter**' navigational field near the top left of the screen.

General Information about Using the 'My Participants' Grid

On the grid, you will notice that the first four columns will freeze as you scroll to the right, and filters at the top of every field will help you search for information as you type in the field. Find what works best for you.

Maximize your screen to see as many fields as possible. Fields listed include: Employee ID, Last Name, First Name, Email Address, Job Pool, Job Description, Job Type (Employee or Contractor), Federally Funded %, State/Local %, IDEA %, Other Funding %, Other Funding. FTE, Work Schedule, Supervisor Email #1, Supervisor Email #2, Supervisor Email #3, Actual Job Title.

Use the Scroll Bar to move left and right to see additional fields

If you need to navigate to a different quarter, select the quarter from the '**Quarter**' drop-down menu.
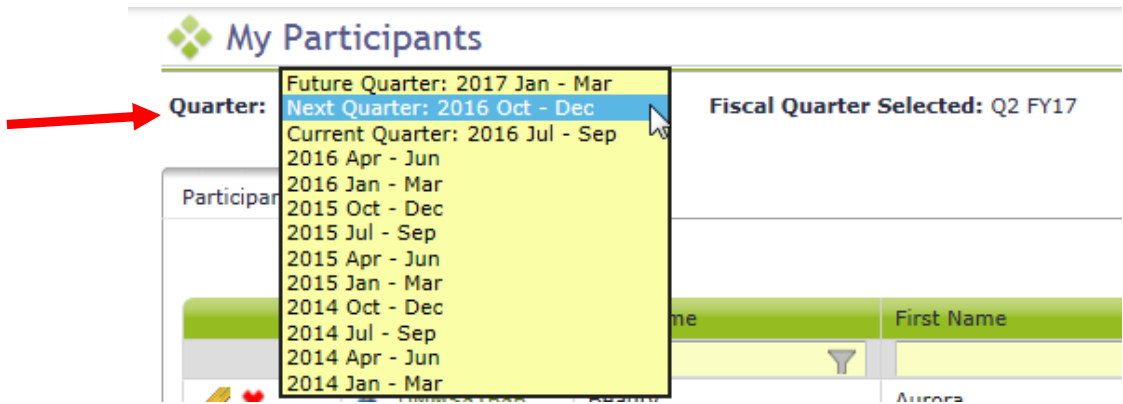
What can I do from My Participant Grid?

Editing Information

1. Click on the '**pencil**' in the left hand column.

   a. As you tab across each field, it becomes interactive and you can update information.
   b. After your edits are complete, save your changes by clicking on the green check mark icon in the left column, or cancel your changes and return to the grid view without saving by clicking on the black 'reverse' arrow.

2. Click on the '**Employee ID**'

a. Edit Participant form opens. Make edits and click 'Save.'

Edit Participant

Fiscal Quarter Selected: Q2 FY17

Profile

* Employee ID :	UMMS0055
* Last Name :	Mouse
* First Name :	Mary
* Email Address :	Susan.dadah@Umassmed.edu
* Active Yes or No :	Yes

Additional Information

Actual Job Title :	Speech Therapist
License Number :	
License Expiration Date :	
License Type :	
SD Comment :	
UMMS Comment :	
New Hire Date :	

Job Details

* Job Pool :	Administrative Services Only
* Job Description :	Speech Therapist
* Job Type E or C :	Employee
* Fed Fund % :	0
State/Local % :	100
IDEA % :	0
Other Funding % :	0
Other Funding (specify) :	0.0
* FTE :	1
* Work Schedule :	A

New Change of Status Request   Save   Cancel

Supervisor Emails

Supervisor Email #1 :	Catina.claytor@Apsva.us
Supervisor Email #2 :	
Supervisor Email #3 :	

Inactivating Participants

If someone is no longer going to participate in the RMTS program for the next quarter, or indefinitely, they can be marked as inactive. If someone leaves during the quarter and moments have been generated, see the section on Change of Status (COS) requests.

Option 1: Click on the red **X** in the left hand column.

		Employee ID	Last Name	First Name
✏ ✖	👤	UMMS81686	Beauty	Aurora
✏ ✖	👤	UMMS81687	Berry	Snow White
✏ ✖	👤	UMMS81688	Bibbidy	Cinderella

a. You will see a confirmation box. Click 'Yes.'

Confirm ✖

Do you want to deactivate the participant?

Yes   No

b. The person's information will no longer be displayed on the grid (unless you choose the option to display inactive participants).

Option 2: Click on the Employee ID

c. Edit Participant form opens. Change 'Active Yes or No' field to 'No'. Click Save.

Returning Inactive Participants

When a prior RMTS participant returns to the RMTS program for the next quarter, you can reactivate their participant information to include them. This prevents having to re-enter information.

Option 1: Click on the box labeled 'Include Inactive Participants' on the right side, above the grid.

a. Click on the green arrows in the left hand column.

b. You will see a confirmation box. Click 'Yes.'

Confirm

Do you want to activate the participant?

Yes   No

d. The person's information will be displayed on the grid as an 'active' participant.

My Participants

Quarter: Next Quarter: 2016 Oct - Dec   Fiscal Quarter Selected: Q2 FY17   Add New Participant

Participant Grid | Import Status

		Employee ID	Last Name	First Name	Email Address	Job Pool
						(All)
✏ ✖	👤	UMMS81685	Bayou	Tiana	Bayou@test.com	Social & Health Care Services
✏ ✖	👤	UMMS81687	Berry	Snow White	Berry@test.com	Education
✏ ✖	👤	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education

Option 2: Click on the Employee ID

		Employee ID	Last Name	First Name
✏ ✖	👤	UMMS81686	Beauty	Aurora
✏ ✖	👤	UMMS81687	Berry	Snow White
✏ ✖	👤	UMMS81688	Bibbidy	Cinderella

a. Edit Participant form opens. Change 'Active Yes or No' field to 'Yes.' Click 'Save.'

Profile

* Employee ID :	UMMS81687
* Last Name :	Berry
* First Name :	Snow White
* Email Address :	Berry@Test.com
* Active Yes or No :	Yes
	Yes
	No

Job Details

* Job Pool :	Education
* Job Description :	Other Teacher
* Job Type E or C :	Employee
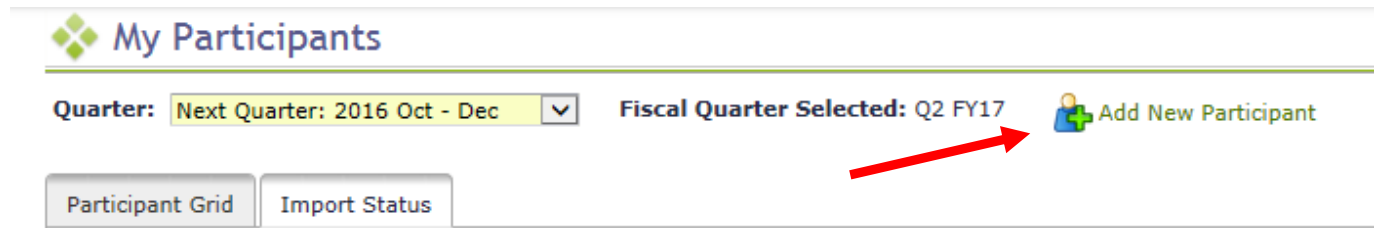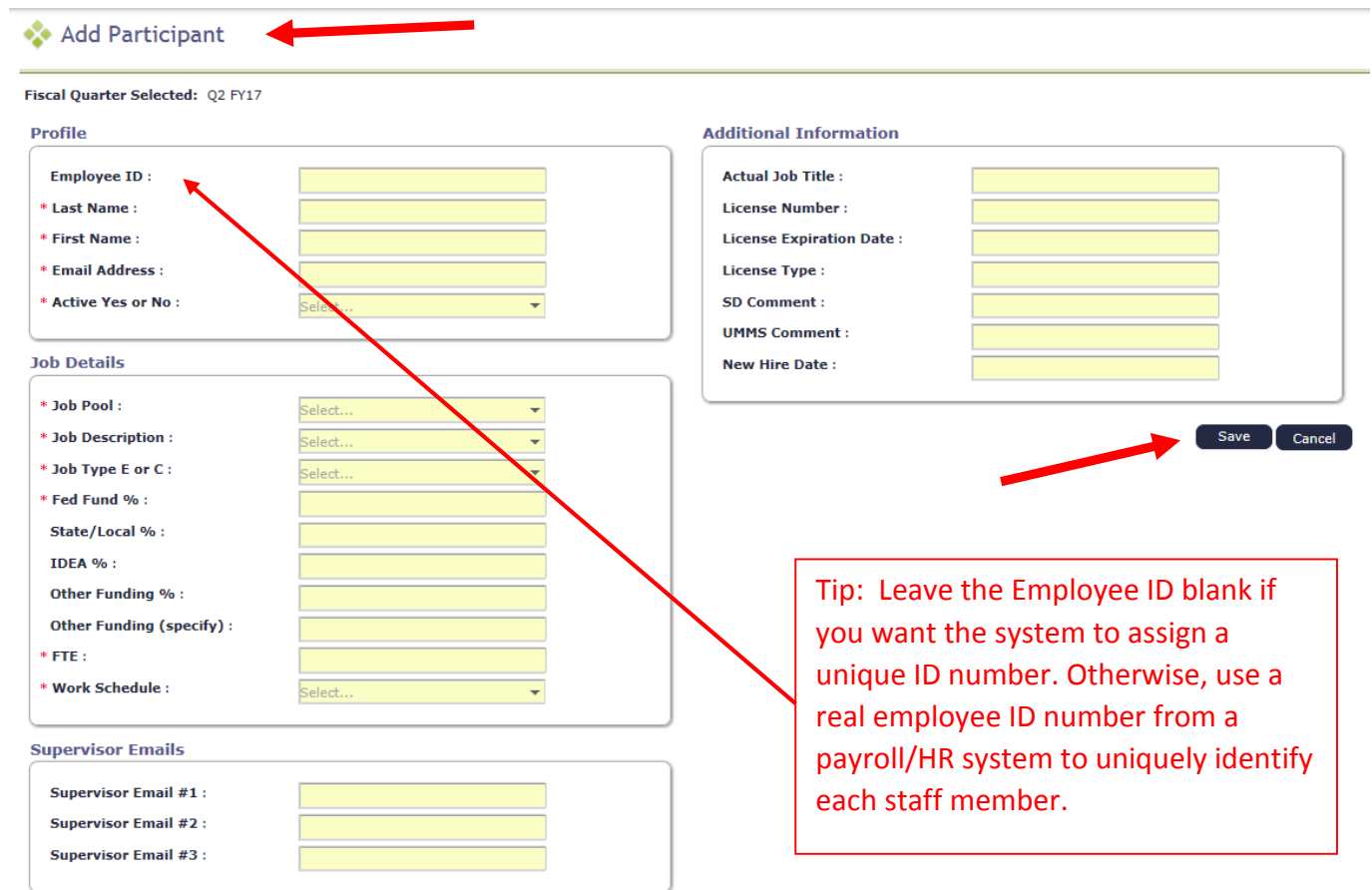
Adding New Participants

Click on the '**Add New Participant**' link at the top of the grid.

Complete the 'Add Participant' form and click 'Save.'

Tip: Leave the Employee ID blank if you want the system to assign a unique ID number. Otherwise, use a real employee ID number from a payroll/HR system to uniquely identify each staff member.

Important Notes:

- Required fields are marked with a red asterisk (*).
- Be sure to complete the Additional Information Section as appropriate for new participants.
  - 'Actual Job Title' and 'New Hire Date' should <u>always</u> be provided for a new participant
  - When adding a new participant to either of the Direct Service participant pools, most of these positions also require that the participant hold an appropriate clinical license. Please provide the 'License Number' and 'License Type' when adding a new qualified medical provider to either direct service pool.

See Appendix A for a complete list of job descriptions, job pools, and licensure requirements

What can I do with Exporting/Importing Files?

If you have a lot of changes to make, you may find it easier to use the '**Export to Excel**' and '**Import Participant File**' icons on the top right of the participant grid. Begin by downloading your current list of participants by clicking on '**Export to Excel**' as shown below.
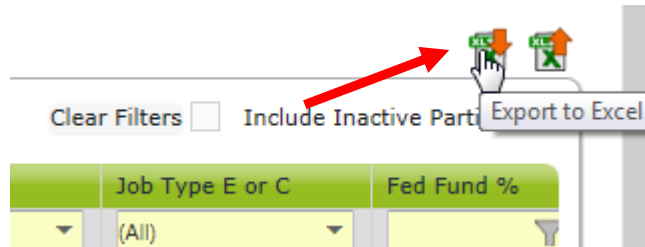
a. **Update participants** by making edits directly in the Excel spreadsheet as needed.
    i. Edit any field directly in the spreadsheet
    ii. Use Dropdowns to help select valid choices for each field
    iii. Use Excel functions if helpful, such as 'Copy / Paste' and Sort/Filter
    iv. Make sure all information for all participants is current and accurate for the new quarter
        1. Don't forget to check participant email addresses and Supervisor email addresses that may have changed.

	A	B	C	D	E	F	G Job Type E or C	H Active Yes or No	I Fed Fund %	J Work Schedule	K Supervisor Email #1	L Supervisor Email #2
1	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description						
2	UMMS81686	Beauty	Aurora	Beaty@test.com	Education	Secondary Teacher	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
3	UMMS81687	Berry	Snow White	Berry@test.com	Education	Other Teacher	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
4	UMMS81688	Bibbidy	Cinderella	Bibbidy@test.com	Education	Other Teacher	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
5	UMMS81689	Birdadette	Tiana	Birdadette@test.com	Social & Health Care Services	Nurse	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
6	UMMS81690	Blondie	Rapunzel	Blondie@test.com	Administration	Elementary Principal	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
7	UMMS81691	Bloomers	Aurora	Bloom@test.com	Administration	Office/Clerical	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
8	UMMS81692	Blossom	Mulan	Blossom@test.com	Social & Health Care Services	Psychologist	E	Y			m Walt.Disney@test.com	
9	UMMS81693	Brie	Cinderella	Brie@test.com	Education	Other Teacher	E	Y			m Walt.Disney@test.com	
10	UMMS81694	Daisy	Rapunzel	Daisy@test.com	Education	Secondary Teacher	E	Y			m Walt.Disney@test.com	
11	UMMS81695	Fern	Aurora	Fern@test.com	Education	Other Teacher	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
12	UMMS81696	Gleam	Rapunzel	Gleam@tst.com	Social & Health Care Services	Counselor	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com
13	UMMS81697	Honeycake	Snow White	Honeycake@tst.com	Administration	Secondary Principal	E	Y	0		BigBadWolf@test.com	Walt.Disney@test.com

Enter a percentage value here
Value should be between 0 and 100

b. **Add New Participants** by scrolling down to the bottom of the participant list and adding the required information to a new, blank row of the spreadsheet.
   i. Use the drop-down menus to select valid values for accurate information.
   ii. You may choose to leave the 'Employee ID' field blank for the system to generate a unique ID for your new participants.

Tip *If you need to re-activate an individual who participated in the RMTS previously, but not in the most recent quarter, please do not add them as a new participant. Instead, use the online screen option to re-activate them, as described in the 'Returning Inactive Participants' section of this manual on prior pages.*

35	UMMS81719	Sweetie	Snow White	Sweetie@tst.com	Education	Paraprofessional	E	Y	0	BigBadWolf@test.com
36	UMMS81720	Taj	Jasmine	Taj@tst.com	Education	Other Teacher	E	Y	0	BigBadWolf@test.com
37	UMMS81721	Teacup	Belle	susan.dadah@umassmed	Education	Other Teacher	E	Y	0	BigBadWolf@test.com
38	UMMS81722	Thistleblossom	Snow White	Thistleblossom@tst.com	Social & Health Care Services	Nurse	E	Y	0	BigBadWolf@test.com
39	UMMS81723	Treasure	Ariel	Treasure@tst.com	Administration	Elementary Principal	E	Y	0	BigBadWolf@test.com
40	UMMS81725	Windflower	Pocahontas	Windflower@tst.com	Social & Health Care Services	Psychologist	E	Y	0	BigBadWolf@test.com
41		Newperson	Test	newperson@tst.com	Social & Health Care Services	Psychologist	E	Y	1	BigBadWolf@test.com
42		Mouse	Mickey	mickey@tst.com		ychologist	e	y	0	BigBadWolf@test.com
43					Administration					
44					Education					
45					Social & Health Care Services					

De-activate participants by highlighting the entire row that contains the participant's information, and deleting that entire row from the file.

Tip *This is most easily accomplished by clicking on the row number on the left hand side of the spreadsheet to highlight the row, then use the 'right click' of your mouse to bring up a drop down menu. Choose 'delete' from the drop down menu. You'll know you completed this step correctly when the participant's information you selected to delete is gone from the spreadsheet, and there are **no blank row(s)** where the information used to be.*

2	UMMS81624	Apple	Penny	Penny@mymail.net	Social & Health Care Services	Speech-Language P
3	UMMS81628	Aster	Tina	Tina@mymail.net	Social & Health Care Services	Occupational Thera
4			Cynthia	Cynthia@mymail.net	Administration	School Administrat
5			Paul	Paul@mymail.net	Social & Health Care Services	Nurse
6		Daffodil	Robert	Robert@mymail.net	Social & Health Care Services	Speech-Language P
7		Forsynthia	Shirley	Shirley@mymail.net	Social & Health Care Services	Social Worker
8		Iris	John	John@mymail.net	Education	Other Teacher
9		Peach	Judith	Judith@mymail.net	Social & Health Care Services	Psychologist
10		Pear	Michael	Michael@mymail.net	Administration	Secondary Vice Prin
11		Petunia	Ann	Ann@mymail.net	Administration	Secondary Principa
12		Poppy	Richard	Richard@mymail.net	Administration	Elementary Princip
13		Rose	Amy	Amy@mymail.net	Social & Health Care Services	Counselor

c. **Name and save your file**.
   i. Note there is no special naming convention requirement for the file name.
   ii. We suggest you name the file something that will be helpful and meaningful to you so that you can accurately identify the file when you browse for it.
   iii. File names cannot exceed 45 characters in length.
   iv. The file format cannot be changed (i.e. the file must be in the latest version of Excel (.xlsx)

d. Click on the '**Import Participant File'** icon on the top right.
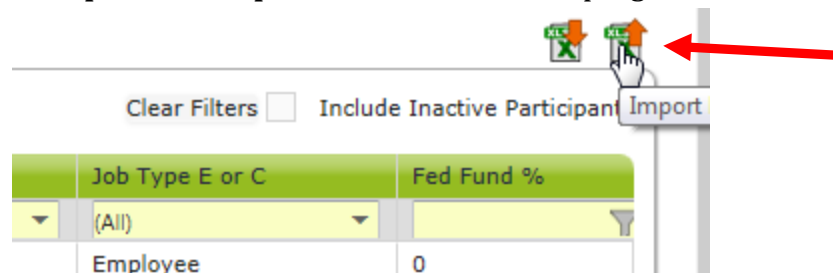
Confirm the Year, Quarter and School Division Name, then click 'Browse.'
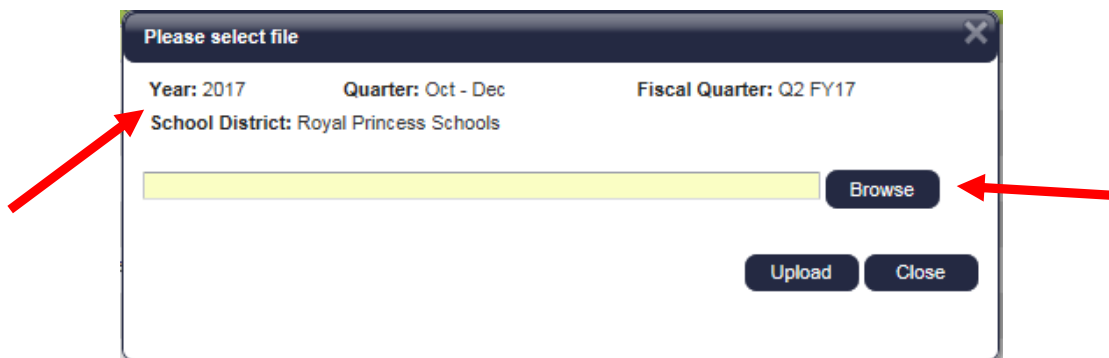
e. Select your file based on the name you assigned it and click 'Upload.'

f. Review the **Import Report** to verify the changes. This report identifies all changes that your upload file will make to your list of participants. These changes are detailed in three (3) sections:
   i. New Participants
   ii. Deactivated Participants
   iii. Upload Changes

Import Report

Confirm the following changes for the following school district

Year: 2017   **Quarter:** Oct - Dec   **Fiscal Quarter:** Q2 FY17

School District: Royal Princess Schools
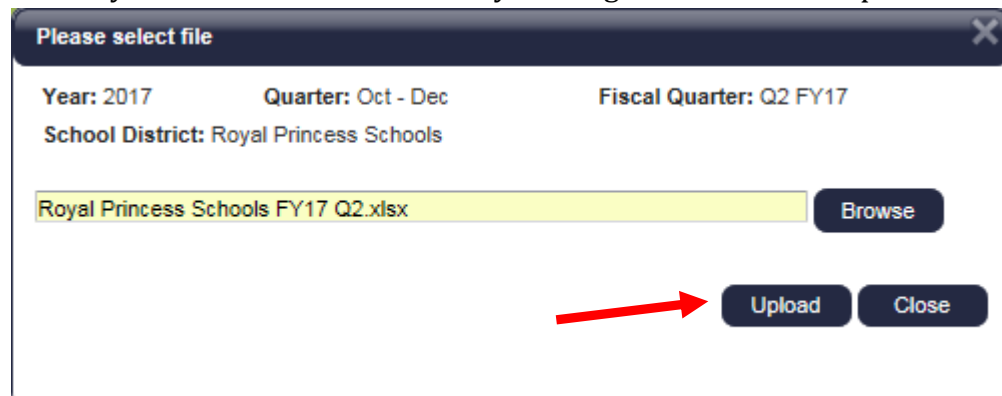
New Participants

Last Name	First Name	Email Address	Job Description	Work Schedule	Supervisor Email #1
Newperson	Test	Windflower@tst.com	Psychologist		BigBadWolf@test.com

Deactivated Participants

Employee Id	Last Name	First Name	Email Address	Deactivated Start Date
UMMS81687	Berry	Snow White	Berry@test.com	10/1/2016 12:00:00 AM

Upload Changes

Employee Id	First Name	Last Name	Field Name	New Value	Old Value
UMMS81686	Aurora	Beauty	Email Address	Michael@test.com	Beaty@test.com

Review   Confirm   Reject

a. **Review the changes** to make sure that everything is accurate. Then you must choose one of the following actions:
   iv. **Review**: Click this button to export an Excel version of the report for further review. This is helpful if you have made a lot of changes and would like more time to check that they are all correct.

   *Note: If you select this option, you will need to return to the '**Import Status**' tab screen later to 'confirm' or 'reject' the upload file.*

   v. **Confirm**: Click this button to confirm that the changes in the file are accurate and to process those changes.
   vi. **Reject**: Click this button to reject the upload file if errors have been found. Once an upload file has been rejected, you then need to correct and re-upload a new file.

g. Click on the **Import Status** tab, click on the Excel Report icon to open the Import Report and **Confirm** it if the report is still in Review status. It should be 'successful' when done.

Complete Quarter – Finalizing Participant Management

When all updates have been completed, and before the submission deadline listed in Section A, click 'Complete Quarter' in the lower right hand corner. This will confirm that you have completed your updates for the next quarter and it will lock the system. If for any reason you realize you need to make changes after you have already marked a quarter as complete, contact UMMS to open the Participant Management screens for you.

Change of Status Requests
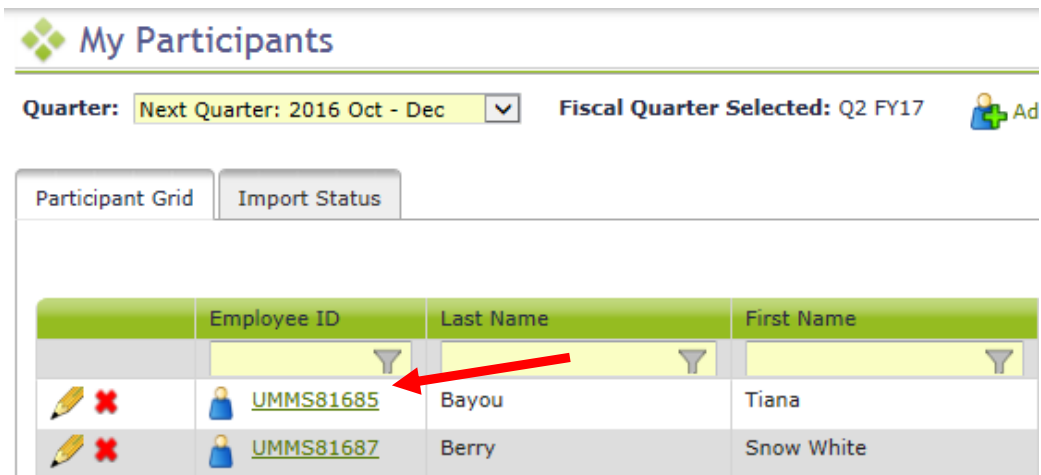
In the event that a random moment time study participant leaves the school division temporarily or permanently, or changes jobs and is no longer eligible to complete the time study, the designated time study contact must submit a Change of Status Request. Previously, this was completed by filling out a paper form and emailing or faxing in the information. Going forward, if someone is not able to participate in the Random Moment Time Study after moments have been generated, you can submit a Change of Status Request online using the My Participants screens.

All Change of Status requests will still be reviewed and processed by UMMS to make sure the requests are only submitted in a valid scenario and that moments are handled appropriately. Please note that if a request for a Leave of Absence is submitted, the participant will not be deactivated. In this case, they will be 'excused' from answering moments during the period of their leave of absence, but they will remain as an active participant in the system in anticipation of their return to work.
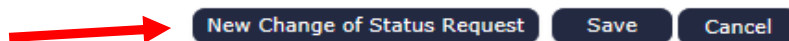
To submit a Change of Status Request, first locate the staff member on the My Participants grid, and click on their Employee ID number.

a. From the Edit Participant detail screen, click 'New Change of Status Request'

b. Select Change of Status Type from the drop-down menu.

c. Depending upon the Change of Status Type, other questions will be asked. When completed, click Submit.

Change of Status Request

Change of Status Type:	Leave of Absence ⌄
Leave of Absence Reason:	Select an Reason... ⌄
☐ Paid	
☐ Unpaid	
☐ Undetermined	

Change of Status Request

Change of Status Type:	Change of Employment Status ⌄
Change of Employment Status Reason:	Select an Reason... ⌄
Change of Employment Status Start Date:	🗓

Change of Status Request

Change of Status Type:	Termination ⌄
Termination Reason:	Select an Reason... ⌄
Termination Start Date:	🗓

d. You will receive a confirmation message. Click 'confirm.'

Confirm ✕

Once approved, this participant will be removed from the RMTS process. Are you sure you want to submit the Change of Status?

[Confirm] [Cancel]

F. Resources

For assistance with the Random Moment Time Study please e-mail RMTSHelp@umassmed.edu or call 1-800-535-6741.

Additional Web-based Program Resources:

Medicaid and Schools Program Information provided by the Department of Education

http://doe.virginia.gov/support/health_medical/medicaid/index.shtml

Department of Medical Assistance Services

http://dmasva.dmas.virginia.gov/Content_pgs/pr-sbs.aspx

G. Appendix A

Job Pools and Job Descriptions for RMTS

Pool 1 **Administrative Services Only**

Adjustment Counselor   Personal Care Assistant

Audiologist   Psychologist

Case Manager   Psychologist Intern

Clerical and Technical Support Personnel   PT

Clinic Aide   PT Assistant

Counselor   RN/LPN

Director of Guidance   School Health Coordinator/Nursing Director

School Counselor   School Social Worker

Health Coordinator   Sign Language Interpreter

Medicaid Coordinator   Social Worker

Nurse Practitioner   Special Education Director, Administrator or Assistant

OT   Speech Therapist

OT Assistant   Vision Specialist

Pool 2 **Nursing, Psychological & Medical Services**

Billing Personnel

Counselor

Nurse Practitioner

Personal Care Assistant

Physician

Psychiatrist

Psychologist

RN/LPN

School Health Coordinator/Nursing Director

School Social Worker

Social Worker

Pool 3 **Therapy Services**

Audiologist

OT

OT Assistant

PT

PT Assistant

Speech Therapist

License Requirements are on the chart on the next page.

RMTS Job Descriptions and License Types for Job Groups (Pools) 2 and 3 - Direct Medical Service Providers

RMS Job Descriptions	License Types	Details		License Type Prefix
Audiologist	Audiologist	Licensed by the Virginia Board of Audiology and Speech-Language Pathology as an Audiologist		2201
Counselor	Licensed Marriage and Family Therapist	Licensed by the Board of Counseling	✔	0717
	Licensed Professional Counselor	Licensed by the Board of Counseling	✔	0701
Nurse Practitioner	Licensed Nurse Practitioner	Licensed by the Virginia Board of Nursing	✔	0024
OT	Occupational Therapist	Licensed by the Virginia Board of Medicine	✔	0119
OT Assistant	Occupational Therapy Assistant	OTA registered by the National Board for Certification in Occupational Therapy, and under the supervision of a licensed OT	✔	0131
Physician	Medicine & Surgery	Licensed by the Board of Medicine	✔	0101
	Permitted Physician	Licensed by the Board of Medicine	✔	0205
Psychiatrist	Medicine & Surgery	Licensed by the Board of Medicine	✔	0101
	Permitted Physician	Licensed by the Board of Medicine	✔	0205
Psychologist	Clinical Psychologist	Licensed by the Board of Psychology	✔	0810
	School Psychologist	Licensed by the Board of Psychology	✔	0803
	School Psychologist-Limited	Licensed by the Board of Psychology	✔	0813
PT	Physical Therapist	Licensed by the Virginia Board of Physical Therapy	✔	2305
PT Assistant	Physical Therapist Assistant	Licensed by the Virginia Board of Physical Therapy, and under the supervision of a PT	✔	2306
RN/LPN	Licensed Practical Nurse	Licensed by the Virginia Board of Nursing, and under the supervision of an RN	✔	0002
	Registered Nurse	Licensed by the Virginia Board of Nursing	✔	0001
School Health Coordinator/Nursing Director	Registered Nurse	Licensed by the Virginia Board of Nursing. Only include in Direct Service pool if providing direct IEP services	✔	0001
	Licensed Nurse Practitioner	Licensed by the Virginia Board of Nursing. Only include in Direct Service pool if providing direct IEP services	✔	0024
Social Worker	Licensed Clinical Social Worker	Licensed by the Board of Social Work	✔	0904
Speech Therapist	School Speech-Language Pathologist	Licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology	✔	2203
	Speech-Language Pathologist	Licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology	✔	2202
Billing Personnel	NONE	Must be performing Medicaid Direct Medical Services billing activities as part of their job		None
School Social Worker	NONE	DOE licensed School Social Workers - no information is required on participant lists		None
Personal Care Assistant	NONE	Should only be participating in RMTS if the School Division is billing for their services, and must be under the supervision of a licensed practitioner. May not be a family member.		None

Tip: Most license numbers are 10 digit numbers